

STATE UNIVERSITY OF NEW YORK



D o w n s t a t e M e d i c a l C e n t e r
450 Clarkson Ave., Brooklyn 3, N. Y. U L s t e r 6-2020

College of Medicine
Department of Surgery

Nov. 3, 1960

Dr. Clarence Dennis
Kryssarvagen 10
Nasby Park, Sweden

Dear Clarence:

Thanks ever so much for your letter. It was also grand to talk to you and to hear the cheery "who stole the till" in the background. We are all very glad here that you're having a fine time there.

Bob Watman is coming here to look over the situation on Tuesday. If he doesn't take it, I don't know what we'll do; perhaps I will suggest Adrian Kantrowitz. He is very interested, having asked me about the job.

I wrote to Phil Crastnopol about his paper, and got a letter back indicating that he thought it should be published and inferring that he would go ahead without mentioning the Department. He excused this on the basis of the fact that the illustrations he had of the technique are the best that he has seen. So he said he would write it as a technical paper rather than as a report of results. I think I'll just let it go at that.

The business in the Emergency and Admitting room is still being tossed around. At the Executive Committee meeting on Tuesday, it was finally decided that the only way we could accomplish anything is for me to go ahead independently and get what I can out of Gollance, mustering my support from whoever will give it. I am sure that Eichna, Harmel, and Mellins will screen with me to Gollance to at least test him and see what he intends to do. Eichna is very much interested in getting this straightened out. He is intent on establishing the principle that we want to keep patients out of Kings County Hospital ~~except~~ those that really need hospitalization. He is fighting to change the admitting policy ~~so that~~ there will be no administrative admissions whatever. Eichna is very busily engaged in a campaign to get everyone to concentrate their efforts on Kings County and not spend energy working for programs in the affiliated hospitals. The question came up of accepting residents here from affiliated hospitals for part of their training, and he objected unless it very definitely benefited our program. He apparently is interested in developing a strong, full-time, Kings County oriented staff and does not want to have divided loyalties. This sounds good. He has set a target date in the Executive Committee of April 1, 1961, for establishment of

a combined record system. He says he is going to see this through, and the way it sounds Gollance will have to put up an awful lot of resistance to stop him.

The recovery room situation in the E Building is such that we have decided to use the day room on the 7th floor for this, and use part of one end of the day room along with one of the private rooms for the vascular laboratory. The plans for this are now being begun by Bob Renck, and the question of where we will get the money to put in the partitions and the necessary facilities will come up next. I hope that we can get some of this from the hospital. I've been under the impression that any money for these construction purposes comes out of the State budget-out of our supply allotment. Is this correct? Anyway, Wes is working on this and we're making noise about it.

I haven't heard much about the special cardiac diagnostic laboratory except that things have been running kind of haphazardly there because the equipment doesn't always function properly. I get the impression that Lynfield is doing most of the work there, but what the politics of it are I haven't inquired about. Wes and the vascular people are doing all their work in the E building now.

Your impression about the ^{Overholt} ~~overhold~~ (that is, the Foregger) low volume bubble oxygenator is correct. ~~At a flow of 1500 cc.~~ ^{At a flow of 1500 cc.} per minute it generated a significant number of bubbles in the bottle, and a dog perfused with it and tested for breakdown of the blood brain barrier showed a four-plus brain. It wasn't tested at higher flows than this because it seemed as though the evidence was sufficient.

After considerable thought, I decided to hire a man for the laboratory on that teaching assistant line, and Joe Hill tells me it's perfectly alright to do this. So I've asked Jack Stuckey to find somebody with the idea that we would use this person to take care of and run the pumps, both in the laboratory and hospital. That is, if we can find the kind of a person we want. So far it has been impossible to get a person who will stay here who is also capable of this. If we could find somebody, it might be well worthwhile.

The medical people and pediatricians have not been very productive of cases for open-heart surgery. We have one scheduled for next week which is an interatrial septal defect with bilateral congenital stenoses of the main right and left pulmonary arteries. We plan to resect these pulmonary artery coarctations and fix the I-A defect. They had another interatrial septal defect who refused operation. I understand there are cases lying around, and I suppose they will get them worked up gradually.

The medical students and house staff are very cognizant of the difference in caliber of our attendings on our wards, depending on whether they come from the old A or B service. Because the teaching on rounds was so deficient on these ^(A) wards, I have asked some of our men who are preceptors to the students that are assigned to these wards to make rounds along with the attendings and house staff weekly for the so-called ~~grand~~ rounds. I have an idea this is going to result in many of the attendings on the A side not coming, but I think that we're going to have to accept this. The fact that we have our house staff as well as medical students on these wards, it seems to me, makes it mandatory that we have adequate teaching. I just hope that some of

these people don't resign entirely and make our O.R. coverage difficult. The definite weakness of these people is going to continue to be a problem, I'm afraid.

The rotating interns on our service are still complaining to Marty Metz, he tells me. On the basis of this, we have established another set of rounds for the interns alone with one of the attendings ^{in each ward} each week. This, together with increased emphasis on teaching by the residents, we hope will help this situation. I have tried to bolster the teaching in the OPD by assigning attendings to that so that a specific man goes there each day, and I have asked Harold Fishbone to teach there continually as he used to do. I hope that this will help to solve our weakness in that area.

We have some excellent applicants for residency for next year. I almost have a hard time deciding which of the good men to take. I hope that we won't be fooled and take the wrong ones, but some of them are certainly well worth betting on. We will be able to take on about nine new people, the way it sounds, and we may put at least one of these in a level of about senior assistant resident. Our numerical strength at this level ~~next~~ ^{next} year will be less than optimum. I continually hear complaints concerning Dignan and Minkowitz. Apparently they are rather weak. I am making every effort to get a plastic surgery residency for Minkowitz as soon as she's finished her third year here. Dr. O'Brien is rather reluctant to take her on because he says the Board is complaining that the women he has been training have not done very well and amounted to anything in plastic surgery. So with this resistance, she is looking elsewhere. It may be difficult for her to find a job since it seems as though these jobs go to select folks years ahead.

The final proofs for our Chapter for Pack's book have been sent back. They wondered about the reference from which some of the illustrations are taken concerning the paper in SURGERY that we marked down that is "in press". I reassured them and indicated it would be alright for them to put this down as a reference because you were writing the paper and would have no trouble getting it published in a journal where you were editor. This seemed to satisfy them. So I suppose the book will be out in about a year now.

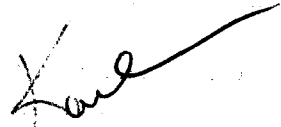
Dr. Seldin of the dentists has been after me to change some of the ground rules upon which his oral surgeons cooperate with the plastic surgeons. He wants me to authorize him to sign out the charts on the fractured jaws that they fix. Apparently they have a fairly good working relationship in that they alternate these cases. However, they are on the plastic surgery service and have to be there because they need a medical man's supervision. I am more than sort of hesitant to let his name go on the chart as attending and have him sign out the charts on this basis. He wants to do it because he says his residents will have to have this as indication they have taken care of the patients for Board credit and also because he wants to send out bills for his education fund. I still am not convinced and am putting him off on the basis of the fact that I am supposedly collecting information about how other places run. Some of O'Brien's people are doing this and Seldin is too. All in all, it seems as though it would be rather difficult to have Dr. Seldin as the responsible attending on cases that need medical supervision on our service. I'd like to know your reaction, but with some support from you we might put off making any kind of a final decision on this until you come back.

These are some of the things that come to me as I sit here with my feet up. You

(over)

can see that things haven't really changed much, but we are trying to keep the ship from sinking so that when you get back you will have something to pilot. We are all in good health and are enjoying the lovely fall days with their golden hues. Our best to you, Ellie, and the kids.

Sincerely,

A handwritten signature in cursive script, appearing to read "Laurie", written in dark ink.